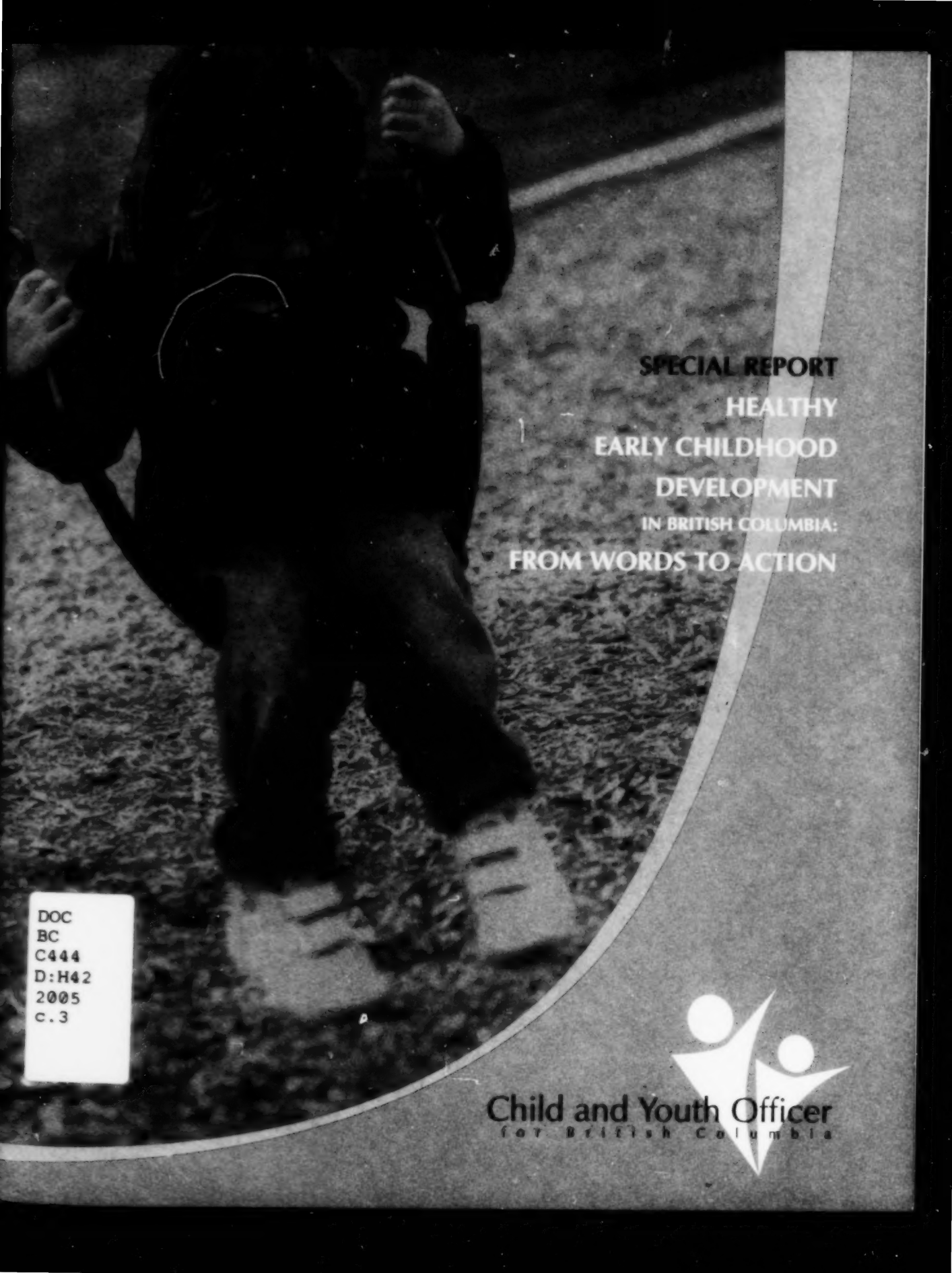

SPECIAL REPORT
HEALTHY EARLY CHILDHOOD DEVELOPMENT
IN BRITISH COLUMBIA:
FROM WORDS TO ACTION

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Honourable Wally Oppal
Attorney General

As part of my role as Child and Youth Officer for British Columbia and in accordance with the provision of Section 8(3) of the *Office for Children and Youth Act*, I have prepared this special report, entitled *Healthy Early Childhood Development in British Columbia: From Words to Action*.

This report includes recommendations and advice to the provincial government on how British Columbia can become the best place for children to live and be supported in their healthy development.

Jane Morley, QC
Child and Youth Officer for British Columbia

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We wish to thank Maya for the
use of her artwork.

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Executive Summary

This special report on early childhood development highlights the reflections arising from the Healthy Child BC Forum held in November 2004, which was attended by international experts on child health and early childhood development, and practitioners and policy makers from across British Columbia. In addition, the report sets out the Child and Youth Officer's recommendations, which are based not only on those reflections, but also on numerous studies, plans and reports on the subject, as well as on discussions with policy makers, service providers and advocates.

The report begins with a brief summary of what the evidence tells us about early childhood development, including:

- the early years are crucial
- children need attachments and opportunities for development
- parents are important, and caregivers and others also have influence
- quality child care depends on several identifiable and inter-related factors
- investing in early childhood development pays off
- supports for vulnerable children are particularly important
- vulnerability is related not only to socioeconomic status, and
- investment in early childhood development is crucial for Aboriginal communities.

British Columbia faces challenges in developing and implementing a provincial early development plan; however, we also have some significant assets upon which to build. There is extensive general agreement among those who work and are experts in early childhood development on the key components of a provincial early development plan, which are:

- an approach that places the child at the centre and in the context of family, community and culture
- a prevention and promotion approach
- a long-term planning framework
- research and evaluation
- a community-based planning and delivery system
- a neighbourhood hub approach
- a child care strategy as cornerstone
- specialized accessible services for children with health and developmental concerns and for their families, and
- an Aboriginal early childhood development plan.

The vision of the organizers of the Healthy Child BC forum was that British Columbia will become the best place for children to live and be supported in their healthy development. Getting there will be a joint effort among many players in our civil society. The provincial government cannot achieve this goal on its own; however, it can provide the leadership, resources and support needed to capitalize on the existing assets in British Columbia and to make it happen.

The Child and Youth Officer's advice to the provincial government is as follows:

1. Take a long-term view – longer than the four-year political cycle of the provincial government and the even shorter cycle of relevant ministers.

2. Articulate a British Columbia early childhood development plan in the context of the fundamental human rights of children.

3. See the plan as a "whole government" plan, and commit to its implementation at the premier and cabinet level.

4. Designate and support the Ministry of Children and Family Development (MCFD) as the lead ministry to implement the plan.

5. Provincially expect linkages, collaborative planning and action at the regional level among the Ministry of Children and Family Development and its Aboriginal and non-Aboriginal authorities, the health authorities and the school boards.

6. Work in partnership with Aboriginal communities to integrate the province's plan with an Aboriginal plan developed by Aboriginal communities, and take a leadership role in making federal and provincial funding criteria and processes consistent with the Aboriginal plan.

7. Allocate funding envelopes, with appropriate and supportive accountability mechanisms, to community tables for community-based planning and delivery of early childhood development services.

8. Provide child care funding in a way that demonstrably supports quality and choice.

9. Invest strategically in specialized services for children with health and developmental challenges.

10. Put in place an evaluation and public accountability framework.

We have in British Columbia a unique opportunity to become the best place for children to develop and be healthy. We share common goals for our children. The fundamentals of what children need to develop and be healthy are known. There is broad agreement on the strategies needed to meet those needs. British Columbia has many assets upon which to build.

As we move forward, we will not agree about everything. Conflict over the particulars of strategies, however, should not become a reason to delay action. We know enough to move forward now in a coherent way. **Now is the time to move from words to action.**

The Healthy Child BC Forum

The Healthy Child BC Forum took place on November 8 and 9, 2004, in Richmond, B.C. More than 300 practitioners and policy makers attended, to learn from international experts and reflect on how to give our children the healthiest start possible, with the goal of moving forward a process that has already begun in British Columbia.

The international experts included:

- Dr. Al Aynsley-Green – National Clinical Director for Children; Chair, Children's Taskforce, Department of Health; United Kingdom
- Dr. Sven Bremberg – Associate Professor, Department of Pediatrics, Karolinska Institute; Chair, Child and Adolescent Health Promotion and Disease Prevention Research Group; Sweden
- Ms. Rirpeti Haretuku – National Co-ordinator, Maori SIDS Prevention Programme; New Zealand
- Dr. Clyde Hertzman – Director, Human Early Learning Partnership; Canada Research Chair, Population Health and Human Development; Fellow of the Canadian Institute for Advanced Research; Canada
- Dr. Moira Inkelas – Assistant Professor, Department of Health Services, UCLA School of Public Health; Assistant Director, UCLA Center for Healthier Children, Families, and Communities; United States
- Dr. Frank Oberklaid – Director, Centre for Community and Child Health, University of Melbourne; Australia.

Sponsors of the forum were:

- Early Childhood Development Branch, Ministry of Children and Family Development
- Population Health and Wellness, Ministry of Health Services
- First Nations and Inuit Health Branch, Health Canada
- Human Early Learning Partnership
- Child and Youth Officer for British Columbia
- Provincial Health Services Authority
- Department of Pediatrics, University of British Columbia; BC Children's Hospital
- Population and Public Health Branch, Public Health Agency of Canada
- Sunny Hill Health Centre for Children.

The proceedings from the Healthy Child BC Forum are available at www.help.ubc.ca/hcbc/

ABOUT THIS REPORT

The Child and Youth Officer's mandate

The Child and Youth Officer's mandate, under the *Office for Children and Youth Act*, is to **support** children, youth and families in obtaining relevant services; independently **observe** government-funded services for children and youth; and **advise** government about how to improve those services. The Child and Youth Officer also has the statutory authority to **comment publicly** on matters affecting children and youth.

As the Child and Youth Officer for British Columbia, my mandate includes both advising government and commenting publicly about services and matters affecting children and youth. This special report on early childhood development is the result of a commitment I made to highlight the reflections arising from the Healthy Child BC Forum held in November 2004 (see opposite page). The forum was attended by international experts on child health and early childhood development, practitioners throughout British Columbia who deal with the issues on a daily basis, and policy-makers who are charged with the responsibility for developing and implementing sound public policy in this area.

The purpose of this report is to advise the provincial government. It is also a public commentary – an attempt to engage the broader public in the dialogue about what public policy will support the goal that we all share: to make British Columbia the best place for children to develop and be healthy.

In writing the report, I was informed by the ideas that were generated by the forum. However, the report does not simply articulate the general consensus of the forum; it is also based on numerous studies, documents, plans, strategies and reports written on the subject, particularly in the British Columbia context. In addition, I have explored the issues through conversations my staff and I have had with policy-makers, service providers and advocates. So while the influences on the recommendations made in this report have been many, and the recommendations themselves derive from the thinking of those who have considerably more expertise than I do, the report also reflects my own thoughts on the issues.

Defining *early childhood development*

Early childhood development is the growth of a child that takes place from the moment of conception until that child is six years old and typically enters school. Early childhood growth is commonly understood to fall into five domains:

- physical health and well-being
- social competence
- emotional maturity
- language and cognitive development, and
- communication skills and general knowledge

THE IMPORTANCE OF THE EARLY YEARS, AND WHAT MAKES A DIFFERENCE

What we know

The early years are crucial

> *Although there have been long-standing debates about how much the early years really matter in the larger scheme of lifelong development, our conclusion is unequivocal. What happens in the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or a fragile stage for what follows.* (Shonkoff & Phillips, 2000, pp. 4–5)

There is now substantial evidence to suggest that development of the fetus, infant and young child – neurologically, physiologically, psychologically and emotionally – plays a significant role in determining lifelong physical, mental, and social health and well-being.

The early years are the foundation for the healthy development of children. What happens in these years has a significant impact on a child's ability to maximize potential and overcome the challenges of adolescence and adulthood.

> ***[Children] who miss out on crucial experiences during a critical period will probably never be what they could have been. The first few years of postnatal life are a key time for child development.*** (Doherty, 1997, pp. 60–61) ***After a critical period has passed, it may be impossible, and at best difficult, for the neural pathway, area of the brain, or skill to develop as it should.*** (Doherty, 1997, p. 45)

Children need attachments and opportunities for development

> *Young children who do not have a relationship with at least one emotionally invested, predictably available caregiver – even in the presence of adequate physical and cognitive stimulation – display an array of developmental deficits that endure over time. The remarkable recovery that many such children demonstrate, once they receive responsive and consistent caregiving, provides some of the strongest evidence of the power of these earliest relationships.* (Shonkoff & Phillips, 2000, pp. 389–390)

> *What appears to matter most for good early childhood development is that a child is cared for at home and outside home by warm and responsive caregivers, in an environment rich with opportunities to learn through play-based problem solving that includes both physical and mental activity and interaction with other children.* (Mustard & Picherack, 2002, p. 25)

The research suggests that key for children in the early years are:

- a strong attachment with a significant adult or adults in their lives, and
- a variety of opportunities for development.

Attachment is the affective bond that develops between an infant and a primary caregiver. Attachment to at least one primary caregiver is crucial to positive development for children, setting the foundation upon which children develop and are able to safely explore and be stimulated by the world around them.

Children have within them the capacity to learn and to adapt to the challenges of life. The early childhood years are a time when children learn particularly quickly. They need to be provided with opportunities to develop this capacity within them.

Parents are important and caregivers and others also have influence

Parents, who almost always feel love and affection for their children, are best placed to provide for their children's attachment needs. In addition, because they tend to spend more time with their children than others do, parents are in a better position to provide opportunities for them to learn and to develop their internal capacity to adapt to and cope with life's challenges.

However, in British Columbia, while some parents choose and are able to stay out of the workforce to look after their children for some time, a high proportion of them work outside the home. Approximately two-thirds of mothers with children under the age of six are in the labour force, and mothers' participation in the labour force increases as children grow older. This means that many children will experience child care in their early years, and will spend a considerable amount of time not in the presence of their parents.

Even for children whose parent is their full-time caregiver, as they begin to explore their surroundings, others outside the immediate family circle become increasingly important. For many children the extended family and other informal kinship/friendship ties are a significant part of their support network. And once children are in school, the school environment has an influence on them that increases as they get older.

Women's employment rates

Mothers with children under the age of 6 have seen their employment rate more than double, from 31.3% in 1976 to 65.2% in 2001. The employment rate of mothers with children aged 6 to 15 increased from 47.1% to 76.0% during the same period. The employment rate for single mothers also rose sharply, from 40.9% in 1976 to 68.2% in 2001.

Statistics Canada, 2004

Quality child care depends on several identifiable and inter-related factors

A study of child care quality in seven jurisdictions in Canada (Goelman, Doherty, Lero, LaGrange, & Tougas, 2000), entitled *You Bet I Care!*, along with several other studies, identified as key aspects of quality child care the children's activities in the child care setting and the nature of the caregiver–child relationship. The studies also show that these aspects of quality child care are affected by several other factors, including government regulation, caregiver education and compensation, adult–child ratios and class size, and stability of centres and caregivers. (Goelman, Hertzman, & Kershaw, 2005)

Investing in early childhood development pays off

> *...in developed countries like Canada, we under-invest in early childhood development when the brain is most plastic, but spend heavily on individuals who have poor coping skills and competence and health problems in later life.* (Mustard, 2003)

Investing in early childhood development improves the quality of the early childhood experience, an important end in itself. It also makes good economic sense. Research links quality early childhood development programs with continued education and academic success, higher wages as a result of better skills and education, and a reduced need for government spending on correctional services. Specific research has quantified financial benefit deriving from early childhood development.

Policies that seek to remedy deficits incurred in the early years are much more costly than initial investments in the early years. The research has shown the significant long-term savings on special education, child protection, social assistance, criminal justice, and health care that result from early childhood development investment.

The Legislative Assembly of British Columbia's Select Standing Committee on Health, in its 2004 report, recognized the need for greater investment in prevention. The committee noted that in B.C., as in many other jurisdictions, public health and prevention initiatives receive only 3% of the provincial health budget (Select Standing Committee on Health, 2004). The committee drew the analogy that as one ounce is approximately 6% of a pound, B.C. has "been routinely investing in about half an ounce of prevention" (Select Standing Committee on Health, 2004, p. 20). The committee recommended that "funding for public health initiatives gradually increase from 3% to at least 6%," and emphasized that "investments that promote the general well-being of British Columbians promote good health while benefiting all of society" (Select Standing Committee on Health, 2004, p.3).

We cannot afford to postpone investing in children until they become adults, nor can we wait until they reach school age – a time when it may be too late to intervene. Learning is a dynamic process and is most effective when it begins at a young age and continues through adulthood. (James Heckman, winner of the Nobel Prize in Economics in 2000, as quoted in McCain & Mustard, 2000, p. ii)

...recent research in child health shows that early life health is, for each child, the basis of health in adult life. Therefore investment in health in early life has beneficial effects, specifically on the future health of a nation as well as on the future functioning of its citizens. (Wadsworth, 1999, p. 15)

For every $1 spent on universal, quality child care there is a $2 economic benefit. The benefits come back through increased tax revenues, and decreased social, education and health costs. (Cleveland & Krashinsky, 1998, p. 10)

Supports for vulnerable children are particularly important

A variety of services have been designed to address the needs of young children whose future prospects are threatened by socioeconomic disadvantages, family disruptions, and diagnosed disabilities. They all share a belief that Early Childhood Development is susceptible to environmental influences and that wise public investments in young children can increase the odds of favorable developmental outcomes. The scientific evidence resoundingly supports these premises.
(Shonkoff & Phillips, 2000, p. 10)

We know that supports for families and children are particularly important for those children who, for whatever reason, are the most vulnerable. Much of the research on early childhood development, such as the High/Scope Perry Preschool program, has focused on a specific group of economically disadvantaged children, and the results have shown that it is for these children that quality early childhood programs can provide some of the greatest benefits.

In British Columbia, particularly in the Lower Mainland, there are an increasing number of immigrant children for whom English is a second language. Lack of English language proficiency has been shown to be a vulnerability factor for children entering school.

Children with developmental disabilities, fetal alcohol spectrum disorder, medical fragility, autism spectrum disorder, health concerns and other conditions also have special needs in the early years. The evidence suggests that targeting specific conditions with carefully planned, engineered and monitored services makes a difference (Bryson, Rogers, & Fombonne, 2003). The research also shows that it is important that intervention in the form of a quality or more specialized early childhood program occur as early as possible for the most vulnerable children. Early identification and intervention are likely to increase the developmental and educational gains for the child, improve the functioning of the family, and reap long-term benefits for society.

Waitlists for specialized services are reported to be very long. Given the value of early intervention, investment in reducing those waitlists could reduce larger public expenditures in dealing with the consequences of not intervening.

The major conclusion of a 40-year follow-up research study was that high-quality preschool programs for young children living in poverty contribute to their intellectual and social development in childhood and their school success, economic performance and reduced commission of crime in adulthood; a return to the public on the initial investment of $12.90 per dollar invested.
(Schweinhart, 2004, pp. 4–5)

Intervention programs are most successful when commenced in the first few months of life and far less successful when implemented after the age of six months. When children are identified at a late age and intervention is then necessarily delayed, speech/language and academic achievement is severely limited. However, deaf and hard-of-hearing children who receive intervention prior to six months of age can develop language and learning similar to normal hearing children. (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998, p. 1161)

Human Early Learning Partnership and the
Early Development Instrument

Vulnerability is related not only to socioeconomic status

The National Longitudinal Study on Children and Youth shows that approximately 25% of all children in Canada are developmentally vulnerable when they enter school. But not all of these children are from economically disadvantaged families.

Many children who come from poor families do have a higher risk of developmental vulnerability, as family income and parental education levels have a strong effect on risk. However, consistent parenting styles, safe neighbourhoods that have a strong sense of cohesion, and strong cultural identity can mitigate developmental vulnerability flowing from the effects of poverty.

Furthermore, both the National Longitudinal Study on Children and Youth and the results of the Human Early Learning Partnership research have shown that children with a higher degree of vulnerability are not restricted to the lower socioeconomic sectors in British Columbia society. While the highest proportions of vulnerability are found in the most deprived neighbourhoods, the largest number of vulnerable children are spread throughout middle-class neighbourhoods (Hertzman, McLean, Kohen, Dunn, & Evans, 2002). Without additional support, these children will tend to be less healthy and to experience ongoing developmental challenges.

Early childhood development is a crucial investment for Aboriginal communities

> *Research shows that early exposure to a sense of community and cultural identity leads to resiliency, to healthy productive adults who can fulfill the future of Aboriginal communities as they begin to self govern. ECD should, therefore, be customized to fit specific communities. They should be culturally relevant and best designed at the community level, to ensure they reflect what it is to be a healthy Gitksan, a healthy Musqueam, or a healthy Nisga'a.* (Many Voices, Common Cause, 2003, p. 3)

Early childhood development has special importance for Aboriginal communities. The health of Aboriginal children and Aboriginal communities are interrelated. Early childhood development strategies that are culturally relevant have the potential to strengthen the ties of Aboriginal children with their communities and their culture. Aboriginal culture places a high value on children in the context of the family and community. An Aboriginal child's resilience is enhanced when the child is cared for by the extended family within a healthy community, a community which has a strong sense of itself and its culture. Interaction of Elders and other community members with the community's children in turn strengthens the community.

Early childhood development strategies are also of particular importance to Aboriginal communities because Aboriginal children and families disproportionately face challenges to their healthy development. It is important to be clear that this is not true of all Aboriginal children. The results of the Human Early Learning Partnership challenged the stereotypical view that Aboriginal children as a group are particularly at risk. In some communities, Aboriginal children showed less vulnerability than the general population, particularly on the emotional and social scales. This is not surprising given the value placed by Aboriginal culture on the child in the context of family and community.

Aboriginal children, however, tend to be lower in the physical health and language scales (Brinkman, 2002). These physical health findings are consistent with those of the Provincial Health Officer's 2001 annual report, *The Health and Well-being of Aboriginal People in B.C.* (Kendall, 2001), which found that Aboriginal people have 20% lower health outcomes than the general population. But even with respect to physical health, a wide variability exists among Aboriginal communities. For example, the Provincial Health Officer found a substantial variation in infant mortality rates among those registered as status Indians in different parts of the province.

The rates of fetal alcohol spectrum disorder (FASD) in some Aboriginal communities have been estimated as being considerably higher than in the general population (Canadian Centre on Substance Abuse, 2001). Children with FASD have special learning challenges. Furthermore, the specialized practitioners who have the skills and learning to address these challenges are in urban centres, and are not

Early childhood care and development can play a central role in consolidating communities as stable, healthy, cohesive and culturally robust Indigenous societies within Canada. The principles of social inclusion and family-centred practice in these communities are expressed in the many ways that parents and other relatives are encouraged to participate in, or through, children's programs.
(Ball, 2004; p. 60)

readily accessible in remote communities where the need may be the greatest.

In addition, family income and parental education levels, both factors in predicting vulnerability in children, are lower for Aboriginal people than for the general population. More than twice as many Aboriginal families are headed by single parents as families in the general population; in urban centres, the number of Aboriginal single parent families jumps to over 46% (Statistics Canada, 2001). And Aboriginal parents are on average younger and have more children.

Broad policy implications flowing from what we know

- Public policy should support parents in various ways, including parental education and child care options that are consistent with parental and children's needs.
- Public policy should support the development of strong parent–child attachments.
- Public policy should support families in providing developmental opportunities for their children, particularly for children with special needs.
- Public policy should support communities in their role of supporting parents and providing complementary opportunities for children's development.
- Public policy should support accessible, quality child care that nurtures strong parent–child attachments and provides opportunities for children's development.
- Public investment in early childhood development is fiscally responsible.
- Public funds should be directed at evidence-based prevention, early screening, identification and intervention.
- Public policy in this area should be directed across the entire socio-economic spectrum and not just targeted to children living in poverty.
- Public policy should take into consideration the particular needs of Aboriginal children, families and communities.

Public policy should stop focusing solely on poverty and other risk factors and focus on the quality and availability of caregivers (families and other caregivers, such as that provided by daycare) in the early years that can improve the outcomes for all children in all social classes. If we focus our system of services for children and families solely on socioeconomic indicators, we will ignore the greatest number of vulnerable children. (Mustard & Picherack, 2002, p. 18)

KEY COMPONENTS OF A PROVINCIAL EARLY CHILDHOOD DEVELOPMENT PLAN

Over the past several years, there has been a great deal of consultation, planning and discussion in the early childhood development community, and numerous reports have been produced as a result of these activities.

In preparing this special report, I was struck by the extent to which general agreement exists among those who work and are experts in early childhood development on the key components for a provincial early childhood development plan.

Five recommendations emerged from the Healthy Child BC Forum. I have extracted from these and from recommendations in other major reports the following components of a provincial early childhood development plan that I believe are generally accepted:

- an approach that places the child at the centre and in the context of family, community and culture
- a prevention and promotion approach
- a long-term planning framework
- research and evaluation
- a community-based planning and delivery system
- a neighbourhood hub approach
- a child care strategy as cornerstone
- specialized accessible services for children with health and developmental concerns and for their families
- an Aboriginal early childhood development plan.

British Columbia faces challenges in pursuing a provincial early childhood development plan with these components. Fortunately, we also have some significant assets upon which to build. As I explore each of the components of the plan, I will refer to some, but by no means all, of the challenges and assets.

Five recommendations emerged from the Healthy Child BC Forum:

1. Put in place a framework for early childhood development in British Columbia.
2. Create a coherent system that is integrated and coordinated.
3. Put in place a system of quality child care that is universally accessible and linked to the school system and child development centres.
4. Embed accountability mechanisms in the provincial early childhood development framework that supports integration and coordination, transparent reporting, and quality management and improvement.
5. Develop an Aboriginal early childhood development policy that is complementary to the overall provincial early childhood development framework and that reflects the unique situation of Aboriginal people with respect to both needs and rights and entitlements.

An approach that places the child at the centre and in context

> *We need to work at seeing services through the eyes of the child, to serve the whole child, interweaving health, social care and education.*
>
> – Dr. Al Aynsley-Green, Healthy Child BC Forum

Too often, government policies are created from the top down, with insufficient consideration given to how they might be experienced by those whom they are intended to benefit. Policies that make sense to policy-makers are developed at a provincial level within silos of governmental responsibility. The policies of separate government agencies are then applied, not taking into account the differences in communities across British Columbia and the way in which the policies of one government agency will affect or be affected by the policies of other government agencies. The result is that families seeking to access government-funded services often experience them as fragmented and not responsive to their own circumstances and the needs of their children.

An effective early childhood development plan will turn this centralized and fragmented approach to policy-making on its head. It will rigorously apply an approach that places the child at the centre and in context. The child's context is first and foremost within a family, with a parent or parents who have the primary responsibility for meeting the child's fundamental need for attachment and opportunities to develop, and secondly, within the community in which the child lives. Understanding the child's context also means understanding and respecting the child's culture and the culture of the child's parents.

We must ask of each policy developed and implemented: Does this policy and the way it is being implemented promote or create barriers for the child's healthy development, for families in fulfilling their responsibilities to their children, and for communities in supporting the children and families who live within them? Is the policy culturally relevant to the child and the child's family? It is only by rigorously applying this whole-child and contextualized approach to planning and implementation that integrated service delivery, so long an elusive goal, will become a reality.

Barriers preventing children from accessing the services they need are better understood when the child is placed in the context of family, community and parental culture. Dr. Clyde Hertzman, Director of the Human Early Learning Partnership (see page 6), has identified barriers that include lack of programs or services, high cost, lack of transportation, times offered, services offered only in English, fragmentation of services, and lack of information about services. An effective provincial early childhood development plan that places children at the centre of public policy would set as an objective for itself the lowering or removal of these and other barriers.

The Aboriginal Leadership Forum on Early Childhood Development, held in March 2003, recognized the importance of this approach when it identified "integrated and holistic service delivery" as one of eight guiding principles for an early childhood development plan:

> As a guiding principle, it means that policy and service delivery are aligned, that they are based on strong relationships between practitioners and parents, characterized by trust, respect, and shared knowledge of cultural protocols and traditions. It also means that the family and extended family actively participate in the planning, implementation and evaluation process. The result is a seamless continuum of culturally relevant services targeting the specific needs of each community, each family and each child.
> (*Many Voices, Common Cause*, 2003, p. 6)

A prevention and promotion approach

Governments have traditionally focused on responding to problems as they arise. In the health field, this means focusing on treating illness and disease. In the child welfare field, it means focusing on child protection and responding to children and youth with addictions, mental illness, and behavioural and other problems.

By contrast, investment in early childhood development seeks to prevent illness and destructive and dysfunctional behaviour in youth and adults and to promote health and the enhancement of a child's natural resilience or ability to overcome hardship, resist stress and disease, and adapt to changing circumstances. It is designed to allow children to have quality lives as children and to grow up to be healthy youth and adults with a well-developed capacity to meet the challenges of life. It is a strengths-based approach that recognizes and builds on the inherent capacity in children and families, supported by community.

When deciding on particular strategies within an early childhood development strategy, it will be important to take this prevention and promotion approach. We should ask: Do the strategies increase protective factors and/or reduce risk factors for children?

In light of what we know from the research, this means identifying and implementing strategies that promote health, support strong attachments with a significant adult or adults in the lives of children, and provide opportunities, or support others in providing opportunities, for development.

A long-term planning framework

The international experts at the Healthy Child BC Forum were united in their opinion that achieving fundamental change that really makes a difference for children and youth is a long-term endeavour. Twenty years was most often mentioned as the realistic time frame, although it was emphasized that positive outcomes from a focused and well-thought-out early childhood development plan are likely to be realized much sooner than that.

A long-term framework involves having a vision of where we want to get to as a society. Without a long-term and broad perspective and a clear and sustained vision, the risk is that strategies are not carried through, resulting in instability, ineffectiveness, and fragmentation in the system. With its prevention and promotion approach, an early childhood development plan is an obvious cornerstone of a broader plan that covers children throughout their developmental stages to their transition to adulthood.

A long-term plan does not need to result in inflexibility or lack of innovation; in fact, a long-term commitment to a vision encourages flexibility and innovation by providing a stable vision and framework. In order to be effective, a long-term plan must acknowledge that fundamental change does not happen overnight and be committed to continuous quality improvement and the principle of learning from experience and modifying plans based on the lessons learned.

Outcome evaluation of the strategies of an early childhood development plan is central to the success of the plan. Determining the effectiveness of early childhood development strategies takes time. This is partly because evidence of success in achieving promotion and prevention goals for young children for the most part does not become apparent until adolescence and adulthood.

Fortunately, much work has already been done on developing a planning framework for a British Columbia plan of action.

The United Nations Convention on the Rights of the Child, to which Canada is a signatory, provides a vision that firmly places children at the centre, in the context of their families, their community, and their culture. The Convention also articulates the fundamental values of protecting children from harm and providing them with special care and assistance in their development to adulthood. These are the fundamental values underlying an early childhood development plan. Rooting a British Columbia plan of action in universally recognized, fundamental values increases the likelihood of establishing public and non-partisan commitment to a long-term vision and planning framework.

As part of its responsibility to implement the Convention, Canada has developed an action plan entitled *A Canada Fit for Children*. The plan identifies four categories of priorities, all of which reflect priorities articulated in other documents at the provincial level:

- supporting families and strengthening communities
- promoting healthy lives
- protecting from harm
- promoting education and learning.

In the federal state that is Canada, many of the proposed priorities in the Canadian plan are entirely or primarily within the provincial legislative jurisdiction. A provincial plan of action is therefore necessary if the Canadian plan is to be implemented. Nevertheless, both a broader action plan for all of British Columbia's children and youth, and a specific one focused on early childhood development, could fit easily within the framework of *A Canada Fit for Children*.

Every child deserves a healthy start in life. Early childhood to age six is a critical period for child growth and development. Research has shown that quality early learning and care has a positive impact on child outcomes. A comprehensive system of early learning and child care programs based on principles of inclusion, affordability, accessibility, quality and parental choice can provide the positive stimulation and nurturing in the early years that lay the foundation for learning, health and behaviour throughout a person's life. (Government of Canada, 2004, Article 68, pp. 42–43)

Given the significant control that the federal government has on revenue, it makes sense to place British Columbia's plan of action in the context of a plan adopted at the national level. Doing so will allow public policy requiring federal/provincial/territorial agreements to be made consistent with a commonly held vision.

Some other relevant planning work has also been done at the federal/provincial/territorial level specifically in the context of early childhood development. In September 2000, the first ministers set out their vision of early childhood development as an investment in the future of Canada. They agreed to focus on four areas:

- to promote healthy pregnancy, birth and infancy
- to improve parenting and family supports
- to strengthen early childhood development, learning and care, and
- to strengthen community supports.

British Columbia has done its own planning work in early childhood development. In September 2001, the British Columbia Minister of State for Early Childhood Development set out her terms of reference and her overall goals:

- to adopt, implement and monitor a cross-government integrated early childhood development strategy from pre-conception to age six, and
- to establish British Columbia as a national leader in the area of early childhood development.

Over the last four years, the Ministry of Children and Family Development has developed a draft provincial strategy on early childhood development, which has yet to be finalized and publicly released.

With respect to child care, in November 2004, ministers from federal, provincial and territorial governments, with the exception of Quebec, agreed on four principles for child care: **Q**uality, **U**niversally inclusive, **A**ccessible, and child care with a **D**evelopmental focus – or **QUAD**. In planning work done in the area of child care, the province has emphasized the importance of parental choice as an additional principle.

To the extent that early childhood development touches on services that are the responsibility of the Ministry of Health, that ministry's recently developed *Public Health Renewal in British Columbia: An Overview of Core Functions in Public Health* (B.C. Ministry of Health Services, 2005) is potentially an important part of an early childhood development planning framework.

In British Columbia, therefore, we do not have to start from scratch to develop a long-term plan, although there is still work to be done. Clearly, with the transfer of responsibility for "early learning and literacy" to the Minister of Education, and with child care and other aspects of early childhood development remaining with the Ministry of Children and Family Development, planning will need to be a coordinated effort.

Research and evaluation

Research and evaluation together form a key component of an effective early childhood development plan.

Initial planning should be informed by the best available research, and the strategies chosen should be supported in the research and consistent with the values underlying the plan. At the outset, there may be a reliance on research from other places; over time, however, with appropriate information gathering, the research can be British Columbia–based and focus on strategies and their success in the local context.

Reliance on the best available research and evaluation evidence is one way to get beyond partisan politics and support a long-term approach. If research and evaluation is an accepted component of any plan, it will be politically more difficult to make changes that are not justified by the evidence.

British Columbia is already in the forefront in collecting data that is useful from a planning point of view. The HELP research analyzes the data by neighbourhood, allowing comparisons to be made between neighbourhoods, a particularly helpful tool for community-level planning. It also is setting a baseline against which comparisons can be made over time. The Population Health and Learning Observatory, when operational, will have the world's most comprehensive databank on health and human development. The ability to link up with that data promises enormous benefit for research supporting an early childhood development plan.

The current research in early childhood development in the Aboriginal context is very limited. It will be important to pursue research that answers questions about how early childhood development strategies can be culturally relevant.

Developing a framework for public accountability necessarily begins with defining clear expectations against which performance can be measured. Evaluation – setting expectations and measuring performance in relation to those expectations – will also be a way to sustain a plan over a long period and to ensure that modifications are made in response to evidence about what works and what does not.

How performance will be measured in relation to expectations must be considered at the time that the strategies are implemented, or even before, so that the right questions are asked. The gathering of information that will answer these questions should be integrated into the programs and policies right from the start. Government may already be collecting relevant information that could be used to measure outcomes of government policies.

An important part of evaluating early childhood development strategies is knowing whether each strategy has been implemented as planned. This is often called "monitoring" and it is an integral part of evaluation. If there is a problem with a strategy, the problem may not lie within the strategy itself, but rather with the way it has been implemented or the context in which the implementation takes place.

Strategies must also be evaluated in relation to whether they have achieved what they were meant to achieve. If particular strategies are found to be effective, continued support for those strategies and use of them in other similar settings is justified. If a strategy is shown to be ineffective, that knowledge will support decisions to modify or eliminate the strategy. Baselines for measuring outcomes must therefore be established as soon as possible.

A community-based planning and delivery system

In Sweden, we have found that when community is responsible for designing and delivering services they "get more effect."

– Dr. Sven Bremberg, Healthy Child BC Forum

In my 2003/04 annual report, I identified the following as one of four goals for the child welfare system: "Communities throughout British Columbia have sufficient resources and decision-making power to effectively share with government responsibility for the service delivery system in those communities." This goal is consistent with Ministry of Children and Family Development's service transformation initiative to move to community governance in order to shift the planning for programs and services closer to the individuals they serve and increase the ability of those programs to respond to individual needs.

This approach makes sense for government-funded services in the early childhood development field, as it does in health promotion and prevention, child protection, family support and youth services. A service delivery system for which governments and communities share responsibility increases the likelihood of:

- accessible services, responsive to individual needs
- collaboration, identification of duplications and gaps, innovation, evaluation and investment in prevention
- resource allocation shaped by the specific needs and existing resources of the community, and
- an enhanced sense of responsibility for children and youth.

A community-based approach to planning and implementing early childhood development services has a better chance of reducing the fragmentation that is often a consequence of centralized, provincial planning by government organizations that exist as separate silos.

Community-based delivery of early childhood development policies has long been in place in British Columbia; community-based planning, however, is only in the early stages. While inter-sectoral tables at the community level exist in many communities (including both the Children First and Success by 6 initiatives), they often do not have sufficient authority or funding to make planning decisions.

Children First is a community development initiative incorporating a strengths-based population health approach to improving outcomes for young children and their families. The intent is to build on existing strengths and capacities in a community. There are currently 30 initiatives across the province.

Success by 6 is a locally based initiative that supports parents and communities in creating healthy, nurturing environments for our youngest children, so by age 6 they are ready to succeed in school. There are currently 18 Success by 6 initiatives in the province reaching out to 50 communities.

However, progress has been made that can be built upon. For example, at the regional level, on Vancouver Island, a Memorandum of Understanding has been signed by the Ministry of Children and Family Development, the Vancouver Island Health Authority, and local school districts, aimed at establishing a dialogue and decision-making process for a collaborative and well-coordinated community-based system of early childhood supports. A framework has been developed to support this work.

An example of planning at the municipal level is the civic child care strategy developed and originally adopted in 1990 by the City of Vancouver, which has been a leader in child care development.

A neighbourhood hub approach

> *Sweden delivers many early childhood programs at a local level (with a population of about 50,000), using a number of forms of the hub approach that have had great success. For example, parental education groups that support attachment have covered 65% of the population by effective use of local-level hubs.*
>
> – Dr. Sven Bremberg, Healthy Child BC Forum

When looked at from the point of view of the child within family within community, the neighbourhood hub approach makes sense. It offers a seamless, accessible, "one-stop-shop" system of services. It has been shown to be an effective way to support families with young children.

The hub approach will look different in different communities; however, the local school is often the most obvious and effective hub. Location of early childhood development services within the school, or attached in some way to the school, allows for an easy transition into the formal school system, and supports school readiness. Child care centres can also be hubs, or should at least be an integrated part of any hub.

The hub approach can be adapted to a variety of communities, and it has been successful in rural centres. For example, in Manitoba the Childcare – Family Access Network is a licensed non-profit child care program that offers an integrated hub model for child care programs in rural areas (Child Care Family Access Network, 2005).

The hub model is also being used successfully in Aboriginal communities. Some First Nations communities in B.C. have used early childhood development and child care centres to serve as hubs for a range of programs that promote wellness, social cohesion and cultural continuity.

By setting up their child care centres as the focal point or "hub" of a larger system of community programs and meeting spaces, these communities have also managed to create a service delivery model that is not only multidimensional and accessible, but also culturally appropriate and holistic. (Ball, 2004, p. 50)

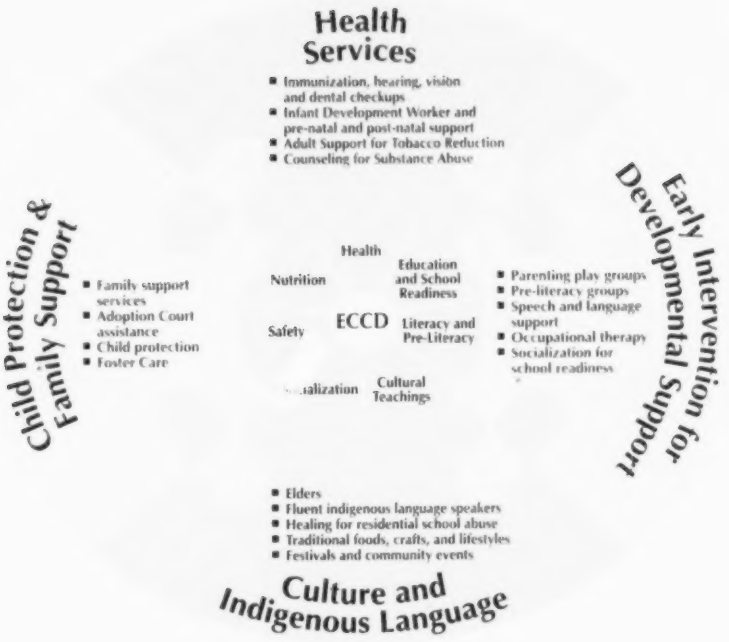

Figure 1. **Early childhood care and development as a community-based hub.** (Ball, 2004, p.55)

An example of the hub model in an urban context is Collingwood Neighbourhood House, located in Vancouver's Renfrew-Collingwood area. The Neighbourhood House is a multicultural environment offering a range of childhood development services including licensed child care for children, Family Place, the parent-child Mother Goose program, single moms programs, the Family Child Care Outreach Program, parent education programs, and a range of pre-school recreation programs – all in a multicultural environment. (Young, 2002)

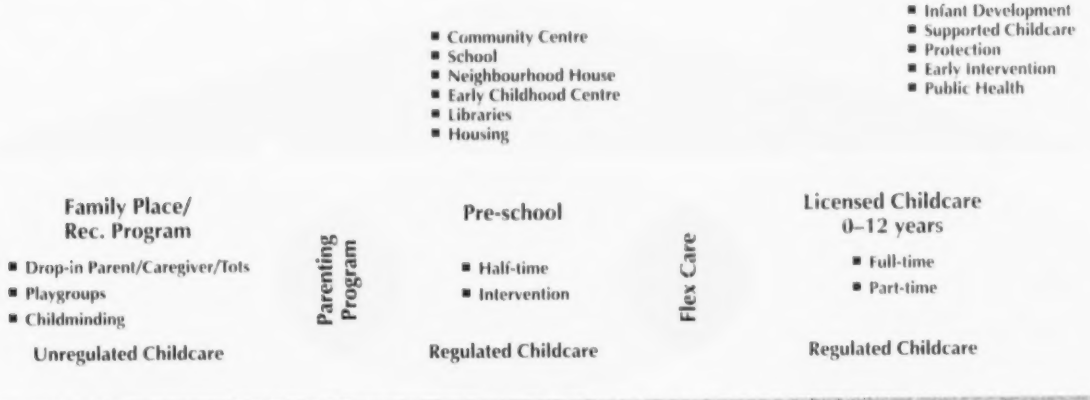

Figure 2. **Early childhood development hub.** (Young, 2002, p. 14)

A child care strategy as a cornerstone

Given the high workforce participation of mothers of children under six (see page 3), child care is needed for the majority of children before they start full-time at school (and after school once they start school). It is not surprising, therefore, that child care services are accessed by more children than any other early childhood development program.

Given the extensive use of child care, it follows that a child care strategy must be a cornerstone of an effective early childhood development strategy. Child care services not only give direct, needed services to parents who work; they also offer a platform for the delivery of other early childhood development services.

As mentioned previously, the federal, provincial and territorial governments (with the exception of Quebec) have agreed on four key principles for a child care strategy: quality, universally inclusive, accessible and developmental. Parental choice is another principle that the British Columbia government embraces.

Quality child care is child care that meets a child's needs for strong caregiver–child relationships and for opportunities for development. Poor quality child care, by denying these two basic needs, can harm children. Only quality child care, on the other hand, will provide the improved outcomes that justify public investment.

Quality is linked to the developmental principle because the optimum developmental opportunities will vary over time. As the child gets older, interaction with other children and varying opportunities to learn in the broader community become increasingly important.

Quality child care can be offered in both the family home and child care centre settings. For some children, a smaller family setting may have advantages over the larger group setting, while other children may need the structure of a larger child care centre. But whatever the setting, child care strategies must be designed to promote quality. This means keeping in mind the factors identified in the research to date as determining quality: the children's activities in the child care setting and the nature of the caregiver–child relationship; as well as government regulation, caregiver education and training and compensation, adult–child ratios and class size, and stability of centres and caregivers.

The principles of accessibility, universal inclusiveness and choice are interrelated. A child care strategy must find ways to reduce barriers to choice, so that parents can choose a child care option that works for them and their children. It is important to understand the difference between parental choice driven by financial necessity or limited options, and choice based on the parents' informed assessment of which option best meets their needs and their children's needs. An environment of choice exists only where public investment removes barriers of access to all effective programs, and where parents are made aware of the evidence of what constitutes quality.

The principles of choice and quality are seen by some to be competing values, and indeed it is conceivable that they can clash.

For example, British Columbia currently has a mixed model of child care: child care is offered in both family homes and child care centres. This is as it should be, because children's needs will vary, and parents' views of the most appropriate setting for their children will vary as well; the mixed model allows for a range of choices for parents. However, public funding should be linked to quality and what the evidence tells us enhances quality; otherwise, it is difficult to justify public investment in child care. In the current mixed model, some family home care is regulated and other family home care is not, while child care centres are licensed. Since government regulation is one factor that research has found to enhance quality, it follows that public funds should support regulated and licensed care, even if it means setting up a potential barrier to choice, if choice means parents being able to choose unregulated care.

Given that informed parents will want to choose what is best for their children, this might be a bigger issue in the abstract than in reality. If obstacles to parents choosing licensed care are removed and a significant number of parents continue to prefer unlicensed child care, then their preference should be respected, and more research and analysis should be done to find out why. Perhaps there are issues that the research may not have taken into account, such as cultural appropriateness. In the meantime, the evidence supports regulated, not unregulated, child care, and public funding should be based on the evidence.

Not surprisingly, the stability of child care centres has been found to be a factor supporting the quality of the child care offered in those centres. When combined with the neighbourhood hub strategy, stable child care centres can also enhance quality in family home settings by offering training sessions and other resources for family home caregivers. They can also be an important community resource for parents by offering, for example, accessible parental education sessions.

The connection between child care and early childhood development has not always been reflected in policy. A comprehensive early childhood development plan for British Columbia should make this connection and reflect the importance of quality child care services to the healthy development of children. This will be particularly important in light of the recent division of responsibility at the ministerial level between child care and early learning and literacy.

Specialized accessible services for children with health and developmental concerns and for their families

Early intervention for children with long-term health and developmental issues can improve outcomes for these children. Accessible early screening, identification and intervention services are therefore an important part of any early childhood development plan.

Children with health problems and developmental disabilities face particular challenges to their healthy development. Early diagnosis

and functional assessment allow for steps to be taken to prevent or ameliorate the consequences of a disability or illness, and provide important information for the creation of strategies for promoting healthy development. Supported child development that can support the inclusion of children with special needs in the community, and speech and language therapy, can enhance the capacity of children with health problems and developmental disabilities to meet the challenges they face.

The parents of children with long-term health and developmental concerns face their own challenges. An early childhood development plan must include strategies for supporting these parents, by educating them about the challenges they face, helping them develop the skills they need, and giving them much-needed respite from the demands on them as parents.

An Aboriginal early childhood development plan

> *You need to walk alongside Aboriginal people, not in front.*
>
> – Kirepeti Haretuku, Healthy Child BC Forum

An early childhood development plan with the components suggested above is as important – and arguably more important – for Aboriginal children as it is for non-Aboriginal children. At the same time, there are good reasons for developing a complementary Aboriginal plan, integrated with the overall early childhood development plan and generated through a partnership between Aboriginal communities and the provincial government, and with the support of the federal government, because of its jurisdiction on reserves.

In the past, the provincial and federal governments have imposed their own solutions to the enduring grim reality that outcomes for Aboriginal children are poorer than for the general population. If this reality is to change, solutions must come from the Aboriginal peoples.

The broader point has been made that it is in communities that early childhood development services should be planned and delivered. This is particularly true of Aboriginal communities, where the distinction between family and community is not so clear. Aboriginal communities are often synonymous with extended family.

The healthy development of Aboriginal children and the health of Aboriginal communities are interrelated. Breaking the cultural bond of Aboriginal children with their communities has proven historically to result not only in poor outcomes for these children, but also in a weakening of Aboriginal communities.

Given the lower health outcomes of Aboriginal people and the very high incidence of fetal alcohol spectrum disorder in some Aboriginal communities, promoting healthy babies would obviously be a key focus of an Aboriginal early childhood development plan. This was identified as a key goal at the Aboriginal Leadership Forum. Health

During the two days of the [leadership forum], one message rang loud and clear: that the answers to the future of early childhood development programs in B.C.'s Aboriginal communities are rooted in the past. They lie in a past in which children are at the heart of Aboriginal culture, a sacred, communal responsibility and the key to the future well being of Aboriginal communities. They lie in a past in which children are treasured, a grave trust shared by parents, extended family and all members of the community. (*Many Voices, Common Cause*, 2003, p. 3)

promotion during pregnancy depends on voluntary participation. Willingness to participate is much more likely in an environment in which culture is shared and trust exists.

There are 197 Aboriginal communities in British Columbia, ranging in size from 60 people to more than 3,000 (Kendall, 2001). They are among the smallest and most remote in the province. For remote and isolated communities, the problem of access to specialized services is enormous; at the same time, the need for those services is greater because of the higher prevalence of health problems and developmental disabilities. A specific strategy is needed to focus on the unique issues related to access to services.

Census Canada indicates that as many as half of Aboriginal people live in urban settings. Many Aboriginal children will therefore access early childhood development services in the same way that the general population does. Given the proportionately high number of single-parent Aboriginal families in the urban centres, support for these families should not only be part of an Aboriginal early childhood development plan, but should also be a key focus of the overall plan.

Parents learn how to parent by observing their own parents. Many of today's parents of Aboriginal children have parents who, as a result of forced attendance at residential schools, lacked parenting skills because they were themselves deprived of opportunities to observe their own parents. This suggests that parenting education strategies are of particular importance in the Aboriginal context, and will need to reflect traditional Aboriginal values.

Lack of coordination and fragmentation of services as a result of centralized planning and silos of government responsibility have been identified as issues for the general population. In the case of Aboriginal children, complex jurisdictional issues involving the federal and provincial government exacerbate this fragmentation. A distinct plan for Aboriginal early childhood development will require the commitment of not just the provincial government, but the federal government as well.

Currently, Aboriginal early childhood development is funded or administered through at least four federal government departments (Health Canada, the Public Health Agency of Canada, Human Resources and Skills Development Canada, and Indian and Northern Affairs Canada) and four provincial government ministries (the Ministry of Children and Family Development, Ministry of Health, Ministry of Human Resources, and Ministry of Aboriginal Relations and Reconciliation). Each ministry or department might be funding a number of distinct programs; each program has different eligibility categories as well as reporting requirements. While we are seeing the beginning of collaboration among the departments and ministries, there is as yet no overall plan for Aboriginal early childhood development; the result is a patchwork of services with many needs not being addressed.

Each of the Aboriginal communities in the province has varying degrees of capacity to navigate the funding application and follow-up

processes. Some of the larger communities have many skills in this area, while others are still developing. As a result, there is inequitable access to early childhood development funds, with some communities receiving funding from a number of sources and others receiving no funds at all.

A unique plan for Aboriginal children, integrated with the overall early childhood development plan and generated through a partnership between Aboriginal communities and the provincial government, with support from the federal government, is a crucial way for non-Aboriginal people to "walk alongside, not in front of" Aboriginal people in the important common goal of promoting healthy development of Aboriginal children in British Columbia.

An important start has already been made on a planning framework for an Aboriginal early childhood development plan, in the report of the Aboriginal Leadership Forum on Early Childhood Development. A set of guiding principles provide a foundation upon which to build a model of early childhood development services that reflect the traditional Aboriginal values around the raising of children. Specific goals and objectives were also identified.

Guiding principles identified at the Aboriginal Leadership Forum on Early Childhood Development:

- Holistic, in a creative and comprehensive
- Sustainable
- Culturally relevant
- Have parent support
- A holistic approach to care
- A community responsibility
- Integrated and holistic service delivery
- Accountability

Assets to Build On

Fortunately, in British Columbia we have assets to build on in pursuing an effective early childhood development plan. They include, but are by no means limited to:

- a strong tradition in public health, which has included a program of home visits to new parents by public health nurses and well-baby clinics
- a history of child care and early childhood development practice and advocacy reflected in communities and provincial coalitions such as First Call, the B.C. Child and Youth Advocacy Coalition, the B.C. Coalition of Child Care Advocates, and the Child Care Advocacy Forum
- intersectoral coalitions in many communities across British Columbia, many of which have existed for years and more recently are being supported and expanded through initiatives such as the Children First Learning Initiatives and Success by 6
- successful recent experiences with a hub approach and an educational system with a neighborhood infrastructure already in place (e.g., the Britannia Community Services Centre)
- early development instrument data collected by Clyde Hertzman and the Human Early Learning Partnership (HELP) in all 60 British Columbia school districts, which tells us how children are developing in every neighborhood throughout the province
- a recently announced plan for the introduction of screening or case finding for infants and children to allow early detection of hearing, vision and dental problems
- a core of committed specialists trained to provide services for children with learning and other disabilities
- a renewed commitment on the part of Aboriginal leadership and within Aboriginal communities to place children at the centre of their communities, as reflected in the 2002 Memorandum of Understanding signed by the premier and the four major Aboriginal political organizations
- a developing structure for a partnership between Aboriginal communities and the provincial government on planning and providing culturally appropriate and effective services for Aboriginal children and their families
- the work of organizations such as the B.C. Aboriginal Child Care Society and Native Friendship Centres with Aboriginal communities to support the development of high-quality, integrated, community-based child care and early child development services that are based on the children's culture, language and history (the society has been described as a model for other First Nations child care organizations)
- federal government funding through the Early Childhood Development Agreement in 2000, the multilateral framework in 2003, and the early learning and child care agreement recently under negotiation
- the Population Health and Learning Directorate, the world's most comprehensive database on health and human development, which will have a research hub located on creating the best conditions for all children including children to achieve a high quality of life and health
- a framework (developed by a continuing dialogue on the subject, at many levels, encompassing over the last couple of years by the Alliance to Study for Early Childhood Development and others (an example of which is the Healthy Child 30 Forum that inspired this report)
- the B.C. Healthy Child Development Alliance, the draft mission of which is to "Support the development and implementation of policies and strategies that will ensure healthy development of infants, children and youth in B.C."

ADVICE TO THE PROVINCIAL GOVERNMENT

The vision of the organizers of the Healthy Child BC Forum was that British Columbia will become the best place for children to live and be supported in their healthy development. Getting there will be a joint effort among many players in our civil society. Although the provincial government cannot achieve this goal on its own, it can provide the leadership and resources necessary to capitalize on the existing assets in British Columbia and support others to make it happen.

My mandate is to advise the provincial government. Here is my advice.

1 Take a long-term view.

Commit, and seek commitment from other political parties, to a long-term plan, and work to get broadly based public support for the plan regardless of the party in power. A long-term perspective does not come easily when the political cycle of the provincial government is four years and the cycle of relevant ministers shorter than that.

2 Articulate a British Columbia early childhood development plan in the context of the fundamental human rights of children.

Articulate a provincial early childhood development plan, building on the extensive planning already done, and pulling it together in a single document.

Connect the plan to the underlying values of the United Nations Convention on the Rights of the Child and *A Canada Fit for Children*. Placing British Columbia's action plan in the context of fundamental values generally accepted by British Columbians is one way to get non-partisan, broad-based support. An added advantage is that it would make British Columbia a leader in showing compliance with Canada's international commitments. The necessary work of evaluating the strategies of its early childhood development plan would simultaneously allow British Columbia to transparently measure its success in achieving the outcomes envisioned by the Convention.

3 See the plan as a "whole government" plan and commit to its implementation at the premier and cabinet level.

Provide leadership from the premier and cabinet level to ensure implementation of the early childhood development plan. The premier must have, and communicate to all relevant ministries, clear expectations that the key components of a provincial early childhood development plan will be implemented and the principles underlying the plan will be applied in the development of policy. This includes the expectation that ministries will co-operate with planning and coordination of services at the community level.

A holistic approach to public policy relating to children in the context of family and community must touch on such issues as health services, financial support for families, economic well-being of communities, and educational opportunities. Despite the efforts to reorganize ministries at the provincial level with the goal of coordinating planning and delivery of services for children and families, more than one government ministry will inevitably be involved in making policies that affect families and communities and their capacity to support the healthy development of children. But as soon as different ministries are involved, conflicting interests, jurisdictional issues, and policies with unforeseen consequences are inevitable. It is only with leadership from the premier and cabinet that such silo tendencies as protecting budgets, resisting exchange of information, and overlooking unforeseen consequences will be overcome.

4 Designate and support the Ministry of Children and Family Development as the lead ministry to implement the plan.

Give the Ministry of Children and Family Development the direction and sufficient resources to implement the plan and to take a lead in pushing for implementation with other partners necessary for its successful implementation (e.g., other provincial ministries, federal agencies, Aboriginal communities, regional and local authorities, and community early childhood development tables).

At the Healthy Child BC Forum, many proposed that what was needed to bring about a cross-ministerial coordinated approach to early childhood development was a separate ministry or a children and families secretariat. I am not convinced that this is the solution to the enduring problem of fragmented services.

A ministry was created in the mid-1990s to integrate policy-making and services for children and families and to promote the health and welfare of all children and youth in the context of their families and communities. (Addiction and public health services have subsequently been moved back to the Ministry of Health, and responsibility for early learning and literacy has very recently been transferred to the Minister of Education.) The value of creating yet another structure with the end of integration in mind is, in my opinion, questionable. It would be repeating a less than successful pattern in British Columbia's child welfare system – **when problems exist, reorganize!**

This is not to say that other ministries, notably the ministries of Health, Education, and Aboriginal Relations and Reconciliation, are not key to the implementation of the plan. Given that physical health is an important prerequisite of healthy development, many important elements of an early childhood development plan will be implemented by the regional health authorities, within the context of the Ministry of Health's public health renewal strategy. The lead at the community level will come from different sources. The transfer of early learning and literacy (which is an important component of early childhood development) suggests a move towards school district responsibility for those services. Certainly with respect to the neighbourhood hub strategy, local school districts will have an important lead role in many communities.

One argument I heard against the Ministry of Children and Family Development's being the lead ministry responsible for the implementation of the plan is that that ministry is too identified with child protection. A focus on child protection is seen as contrary to the family-based prevention and healthy development promotion approach that underlies the early childhood development plan. It is also seen as an obstacle to the ministry's providing the leadership needed to engage communities in planning and delivering services. The agency that is responsible for removing children from their homes is not trusted to understand and take a lead in supporting families or encouraging collaborative community action.

The identification of the Ministry of Children and Family Development primarily with child protection and the perceived dichotomy of child protection strategies and family support, healthy development and promotion, and community capacity-building strategies, including community collaboration, may be based on historical experience. It is, however, unfortunate and inconsistent with the underlying principles of the ministry's service transformation goals, including the goals of supporting families, promoting healthy development and engaging communities. Protecting children and supporting families are complementary, not contradictory, goals.

Making the Ministry of Children and Family Development the lead ministry in the early childhood development plan will only work if the provincial government simultaneously recommits itself to its child welfare service transformation goals and the premier makes it clear that that ministry's performance will be measured by its success in achieving that transformation. If that is done, however, the ministry will be the obvious leader of an early childhood development plan that recognizes the key role of communities in the implementation of the plan.

Recognizing the Ministry of Children and Family Development's leadership role in a plan that has the child in the centre, placed in the context of family, community and culture, makes it more likely that this approach will also be applied to child protection, family support and youth services.

With the transfer of responsibility for early learning and literacy to the Minister of Education, it will be particularly important for central leadership to reinforce an integrated approach by giving the Ministry of Children and Family Development a leadership role in implementing the overall early childhood development plan.

> Provincially expect linkages, collaborative planning and action at the regional level among the Ministry of Children and Family Development and its Aboriginal and non-Aboriginal authorities, the health authorities and the school boards.

At the ministerial level in the Ministry of Children and Family Development, the Ministry of Health, and the Ministry of Education, set expectations of those responsible at the regional level (and in the case of education, at the district level) for the establishment of linkages, collaborative planning, and action. In addition, develop and monitor performance indicators for these expectations.

Much of the policy decision-making authority relating to government-funded health services rests with the regional health authorities. The government's plan is to devolve governance authority within the Ministry of Children and Family Development to the same regions as those of the Ministry of Health, but with both an Aboriginal and a non-Aboriginal planning authority in each region. Given that the authority for planning and implementation is expected to be increasingly at the regional level, it makes sense to have expectations for linkages, collaborative planning and action in the implementation of an overall early childhood development plan.

> Work in partnership with Aboriginal communities to integrate the province's plan with an Aboriginal plan developed by Aboriginal communities and take a leadership role in making federal and provincial funding criteria and processes consistent with the Aboriginal plan.

Provide provincial support for the planning process already underway for an Aboriginal early childhood development plan in whatever ways are relevant, including providing financial, research, and other relevant resources.

To the extent that responsibility for Aboriginal early childhood development services is within provincial jurisdiction, build on existing joint planning structures (for the provincial government and Aboriginal communities). This means linking the work already done on a provincial Aboriginal early childhood development plan with the regional Aboriginal planning processes. This is crucial in light of the fact that the Joint Multi-Year Plan for regional Aboriginal authorities, developed by the Joint Aboriginal Management Committee, includes early childhood development and child care.

Given the central role of children in Aboriginal culture and the many historical issues related to alienation of Aboriginal children from their communities, linkages should also be made with the reconciliation work envisioned in the creation of a new Ministry of Aboriginal Relations and Reconciliation.

To the extent that Aboriginal early childhood development services are within federal jurisdiction or funded by federal programs, take

a leadership role, in partnership with Aboriginal communities, in seeking to rationalize the current fragmented funding schemes in a way that is consistent with the provincial and the Aboriginal early childhood development plans. As long as funding is attached to criteria about which Aboriginal communities have little or no say, talk of a separate Aboriginal early childhood development plan is virtually meaningless.

Bring representatives from Aboriginal communities into the planning processes for government-funded services that are universally accessible to Aboriginal and non-Aboriginal people. The Aboriginal perspective must be heard and the question asked: Is the planning for and implementation of these services consistent with the Aboriginal early childhood development plan?

An inter-relationship between non-Aboriginal and Aboriginal planning has benefits both ways. Many of the underlying values that would inform a provincial early childhood development plan, including the importance placed on children and community, are deeply held Aboriginal cultural values. To the extent that the successful implementation of a provincial early childhood development plan depends on realizing these values, non-Aboriginal communities are likely to learn a lot from Aboriginal communities.

7 Allocate funding envelopes, with appropriate and supportive accountability mechanisms, to community tables for community-based planning and delivery of early childhood development services.

Give communities real responsibility for making policy and priority decisions, and provide them with funds to allocate to the strategies they develop. Engaging communities as partners is key to the success of an early childhood development plan. Community tables focusing on early childhood development do exist and ideas have been generated by them. It is not enough, however, just to bring community people together with no real responsibility or accountability.

For any funding given to the community tables, set expectations that are consistent with the early childhood development plan, but that provide sufficient flexibility for communities to develop their own strategies. Trust the community tables to make their own decisions about how to meet these expectations.

Include in these expectations an evaluation component – measuring outcomes – and provide sufficient resources for effective evaluation.

Provide communities with the information they need for planning – for example, information about evidence-based best practice, or provincial data such as the Early Development Instrument data.

Establish criteria for developing community planning bodies. Ensure that these criteria are flexible enough to accommodate the differences between communities.

8 Provide child care funding in a way that demonstrably supports quality and choice.

Develop funding formulas that recognize and support factors that have been identified as contributing to the quality of child care (including children's activities in the child care setting and the nature of the caregiver–child relationship, as well as government regulation, caregiver education and compensation, adult–child ratios and class size, stability of centres and caregivers, and any other factors supported by the evidence).

For example, formulas should:

- include financial incentives for child care workers to participate in continuing educational activities
- recognize the role of child care centres, and other neighbourhood hubs, in providing educational opportunities and a supportive tool for home-based child care providers
- support the stability of child care centres and caregivers, and
- acknowledge the relationship between compensation and quality, and value the work of those who provide care for our children.

Ensure that evaluation processes are in place to determine whether specific strategies are effective in contributing to the quality of childcare.

9 Invest strategically in specialized services for children with health and developmental challenges.

In determining funding priorities, recognize the long-term financial benefits of evidence-based early screening, identification and intervention, and of reducing waitlists for interventions.

Address inequities caused by accessibility issues, especially for Aboriginal children.

10 Put in place an evaluation and public accountability framework.

To achieve an evaluation and public accountability framework for the early childhood development plan:

- define expectations and provincial outcome indicators
- link with the United Nations Convention on the Rights of the Child and federal accountability criteria
- develop a coordinated information system to collect relevant data to answer key accountability and evaluation questions
- support research that answers evaluative questions about strategies at all levels, and
- make public what is learned about whether the early childhood development plan is working.

Public accountability will lead to the broadly based public support and the long-term perspective required for fundamental change.

CONCLUSION

> *Much has been learned about how to help very young children grow to be smart and healthy. The important step, however, is the next step – to engage families, communities, universities, religious and other organizations, as well as government, to invest in the first and most lasting hope of the new century, the world's children.* (McCain & Mustard, 2002, p. 2)

We have in British Columbia a unique opportunity to become the best place for children to develop and be healthy. We share common goals for our children. The fundamentals of what children need to develop and be healthy are known. There is broad agreement on the strategies needed to meet those needs. British Columbia has many assets upon which to build. In many ways, we are already in the middle of taking action.

To make British Columbia the best, we need leadership at the provincial level and partnership with the federal government, the Aboriginal communities in British Columbia, and local communities, based on a long-term and non-partisan vision, a confirmed action plan, meaningful support and strategic intervention, and rigorous monitoring and evaluation.

Implementation will be imperfect. Mistakes will be made in both implementation and choice of strategies. Knowledge will improve over time, giving rise to different views about the best strategies. It is crucial that a system be in place that allows us to monitor our implementation and evaluate our strategies, and to rectify the conditions that led to poor implementation and make modifications to our strategies when our thinking proves to be wrong.

We need to test the theories that fuel the debates about particular policies. We must ask and answer the right questions: Are our government-funded services working from the perspective of our children and their families? Are the outcomes for our children improving? If not, why not? Are we implementing those strategies as planned? If not, why not? How might we implement them differently? Have we chosen the right strategies? If not, how should the strategies be changed?

We will not agree about everything. Some of the recommendations in this report will be challenged. Some may say that they are not specific enough, that they do not come down clearly on one side or another in a hotly contested debate, or that they are simply wrong. Debate is healthy. It should be ongoing. It is a sign that we care passionately about our children. It challenges our thinking. Conflict over the particulars of strategies, however, should not become a reason to delay action. We know enough to move forward now in a coherent way. **Now is the time to move from words to action.**

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